

Case Number:	CM15-0173486		
Date Assigned:	09/15/2015	Date of Injury:	08/29/2013
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 27 year old female who sustained an industrial injury on 8-29-13. The injured worker reported left knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for dislocation of knee and pain joint lower leg. Medical records dated 7-28-15 indicate the injured worker was with "pain in the left knee with swelling with activity." Provider documentation dated 7-28-15 noted the work status as partial temporary disability. Treatment has included nonsteroidal anti-inflammatory drugs, magnetic resonance imaging, radiographic studies, physical therapy, crutches, bracing, transcutaneous electrical nerve stimulation unit, ice application, and activity modification. Objective findings dated 7-28-15 were notable for left knee with crepitation to the patellar femoral joint. The original utilization review (8-25-15) partially approved a request for Acupuncture, twice a week for four weeks, for the left knee. Four sessions of acupuncture were approved on 8/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture, twice a week for four weeks, for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture visits with improvement. Four further visits were approved on 8/25/15. However, the provider fails to document objective functional improvement associated with the completion of the six additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore, further acupuncture is not medically necessary as requested at this time.